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BOROUGH OF STOCKTON-ON-TEES

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND REPORT ON THE

SCHOOL HEALTH SERVICE

1952

HENRY J. PETERS, M.B., B.S., B.Hy., D.P.H., D.P.A.
MEDICAL OFFICER OF HEALTH

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MEDICAL OFFICER OF HEALTH

Heavisides & Son, 4 and 5 Finkle Street, Stockton-on-Tees

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REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1952

To the Town Council of the Borough of Stockton-on-Tees

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1952, which sets out in some detail the vital statistics of the Borough and indicates the health trends during the year.

The third year of the second half of the twentieth century has witnessed some remarkable improvements in the vital statistics for the Borough. Those important indices of the health of a community, namely, the infant mortality rate, the tuberculosis mortality and morbidity rates and the general death rate, fell dramatically in 1952. The improved health of the Borough is directly related to the preventive measures quietly yet vigorously applied during the first half of the present century. Broadly speaking, the successes of curative medicine and surgery, especially those brought about by modern improvements in technique, are often more obviously spectacular than the achievements of preventive medicine. The reason for this is the longer time usually required to obtain results by preventive methods.

Nevertheless, preventive medicine, using the term in the broadest possible sense, is by no means lacking in the dramatic. Nothing, for example could be more spectacular, or more rewarding socially and financially, than the virtual abolition by well directed preventive measures of diphtheria. It has been estimated that as a result of the country's diphtheria immunisation campaign begun in 1940, the lives of some 10,000 children have been preserved. The money saved during this period in respect of the cost of treatment is in the region of ten million pounds. In 1952, R. Cruikshank stated: " It has been calculated that the dramatic reduction in the incidence of diphtheria has meant a saving to Scotland of over £300,000 a year, while the reduction from nearly 10,000 to a few hundred cases annually, represents a saving of about 750 hospital beds on every day of the year and an annual saving of some 250 part-time nurses and a proportionate number of doctors."

A comparison of the present day vital statistics of the Borough with those of 50 years ago is equally striking and clearly demonstrates the fundamental importance of preventive medicine. In this connection two tables in the report are of particular interest. One reveals the great reduction in the infant mortality rate and in the general death rate which has occurred since 1901. The other shows the reduction in mortality from tuberculosis which has taken place since 1911. The improved situation so far as tuberculosis is concerned is reflected in the last report of the Newcastle-upon-Tyne Regional Hospital Board. A passage in this report points out that if the fall in the incidence of tuberculosis continues " it is unlikely that the three new sanatoria envisaged in Dr. Muir's report of January, 1950, will ever be required."

No branch of medicine is of greater importance than preventive medicine. Those engaged in the other branches, for example, medical practitioners, surgeons, physicians, obstetricians and paediatricians, cannot realise their full potential for the benefit of the community unless their outlook is coloured with something of the philosophy inspiring those engaged in the preventive medical services and unless the conditions under which they work enable them to apply that philosophy in their daily tasks. The spirit of prevention should permeate medicine in all its branches and this should be its fundamental unifying influence.

As knowledge widens and new techniques of diagnosis and treatment are developed the financial cost of dispensing curative medicine inevitably tends to rise. This tendency will persist no matter how efficient administration may become. Efficient administration can do much to lower costs and there is ample scope for research in the perfection of administrative methods. In the long run, however, the most fruitful approach to the problem of rising costs lies in the fullest development and utilisation of the preventive medical services and in taking all practical steps to ensure that the environment in which we live and work is not prejudicial to health.

The comparatively high birth rate for the Borough was maintained during the year, the rate per 1,000 of the population being 19·26, a slight increase on last year's rate of 19·03 and a considerable increase on the rate of 15·3 for the country as a whole. The Registrar General's estimate of the population as at the end of June, 1952, was 73,820.

The general death rate showed a considerable reduction on last year's figure and is the lowest ever recorded in the Borough. It was 10·71 per 1,000 of the population, a decrease of 2·35 on the previous year's figure of 13·06. The reduced rate is principally accounted for by reductions in the number of deaths from influenza, acute bronchitis, coronary-artery disease and pulmonary tuberculosis. About one third of the total number of deaths occurred in persons aged between 70 and 79 years and nearly one-fifth among those who had attained the age of 80 years or more.

The total number of deaths in 1952 was 791. Diseases of the heart and circulatory system again caused the greatest mortality and were responsible for 320 deaths. One hundred and twenty-two deaths resulted from cancer, the next most important cause of mortality. It is obvious from these figures that further substantial reduction in the general death rate depends upon the prevention of such diseases as hypertension (high blood pressure) coronary thrombosis and cancer, which chiefly affect those in the middle and later age groups of the population. The increased expectation of life associated with the improvement in the public health which has occurred during the past 50 years and with modern methods of treatment means that more people are attaining those age groups wherein the incidence of these diseases is heaviest.

Our hope for the future in the prevention of this group of diseases rests on well devised schemes of epidemiological research. The British Empire Cancer Campaign is directing research of this nature in North Wales, the Isle of Man and the Liverpool Hospital Region, with the co-operation of the Regional Hospital Boards, the Radium Institutes and the medical officers of health in the areas and the Department of Agricultural Chemistry in the University College of North Wales. The aim is to ascertain the environmental history for the previous 20 years of persons in the whole area suffering from cancer. In relation to smoking an attempt will be made to obtain the whole life history. The items to be covered in this epidemiological enquiry will include places of residence and work; occupation; travel to work; methods of heating, cooking and lighting in the home; water supply; customary diet; sources of vegetables and milk; and, as already indicated, habits in regard to tobacco. Special attention will be devoted to the nature of the soil and the use of fertilisers.

Last year's report recorded an increase in the infant mortality rate. In 1952 the rate fell dramatically and is by far the lowest rate ever recorded in the Borough. The infant mortality rate per 1,000 live births was 25·31 in 1952, a decrease of 29·61 on the rate of 54·92 for 1951. During the year there were 36 infant deaths among 1,422 births as compared with 77 infant deaths among 1,402 births in 1951. This represents a saving of 41 infant lives. The fall in the infant mortality rate is chiefly due to a considerable reduction in the number of deaths from prematurity, there being 10 deaths from this cause in 1952, 14 less than in 1951. A reduction in the number of deaths due to pneumonia, congenital malformation and atelectasis (collapse of the lungs) and the absence of deaths from whooping cough, cerebral haemorrhage and overlaying also contributed to this happy result.

Last year we exhorted mothers to make full use of the vitamin products available under the Welfare (Foods) Scheme. These preparations may be obtained at the Child Welfare Centres, at the Food Office and at the stall in the covered market which was opened in 1951. Their use is an excellent means of ensuring that young children, expectant mothers and nursing mothers obtain an adequate supply of those vitamins essential for adequate nutrition. Several investigations have shown that adequate nutrition of an expectant mother is a most important factor in lowering the incidence of still-births and prematurity. During the last quarter of 1952 the actual uptake in the Stockton area of orange juice, cod-liver oil and vitamin A and D tablets was 27·7%, 25·8% and 24·5% respectively of the potential uptake.

The position in the Borough in regard to the prevalence during 1952 of the acute infectious diseases may be regarded as highly satisfactory. The total number of corrected notifications of these diseases was 1,156, a reduction of 520 on last year's figure of 1,676. There were 10 cases of acute poliomyelitis and 19 cases of dysentery in 1952, an increase of 6 and 15 respectively on the figures for 1951. These were the only infectious diseases which showed an increased incidence during the year. In the body of this report is a table comparing the incidence of the acute infectious diseases in the Borough with their incidence in the country as a whole and in the 126 county boroughs and great towns including London. This table illustrates the comparatively favourable position of the Borough in relation to the prevalence of these diseases. Only in the case of meningococcal infection (meningitis), whooping cough and diphtheria was their prevalence somewhat in excess of that in the 126 county boroughs and great towns. The diagnosis was confirmed in only two of the 16 cases originally notified as diphtheria. The low proportion of confirmed cases is due to difficulty in establishing the diagnosis until the results of bacteriological investigatons are known and to the laudable practice of the family doctor in refusing to take risks with suspicious cases of this dangerous disease.

The spectacular success of the immunisation campaign begun in 1940 and the fact that there were no deaths from diphtheria in the Borough during 1952 should not be allowed to foster complacency. The comparative rarity of the disease means that fewer parents have any personal knowledge of it. They may therefore be apt to assume that the possibility of their families contracting the disease is a somewhat remote risk. Continued freedom from diphtheria deaths can only be maintained on the basis of parents having their children immunised either through their family doctor or the health department. Let us not forget that though there has been a most remarkable reduction in the incidence and mortality of diphtheria, the case fatality rate (deaths per 100 notifications) has shown little or no improvement. Diphtheria, when it does occur, is still a serious and dangerous disease.

The acute infectious disease caused four deaths in 1952, as compared with six deaths in the previous year. Whooping cough and acute poliomyelitis each caused one death, the remaining two being due to meningococcal infection.

The incidence of tuberculosis in the Borough was very much less in 1952 than in previous years. The number of new cases notified was 69 as compared with 95 in 1951. The incidence rate per 1,000 of the population was 0·93 as against 1·42 in 1951. This is by far the lowest incidence rate ever recorded in the Borough. The Council gives special consideration to the housing of families in which there is a case of pulmonary tuberculosis and 33 tuberculous families were re-housed in 1952. It is, of course, essential that when a tuberculous family is re-housed the best possible use should be made of the improved accommodation thereby made available to the family. The re-housing of tuberculous families is of doubtful value if the tuberculous member of the household does not take advantage of the separate bedroom made available as a result of re-housing and does not follow out those rules of personal hygiene which will prevent his infecting other members of the family.

The considerable reduction in the number of deaths in childhood from acute infectious diseases and deficiency diseases has brought the mortality from home accidents into much greater prominence. Attention has thus been focussed on accidents in the home as an important cause of death. The number of deaths in the country ascribed to these accidents varies between five and six thousand a year and approximately one-fifth of the deaths affect children under the age of five years. Many of the non-fatal cases occupy hospital beds for long periods. One estimate puts the number of burned or scalded persons admitted to hospital each year at 17,500 and nearly three-quarters of these cases are young children. The prevention of these occurrences would ease the heavy pressure on hospital beds.

An opportunity thus presents itself whereby health departments may render valuable assistance to the hospital service and the community. The prevention of these accidents depends chiefly upon the continuous health education of families in their homes by verbal advice designed to direct attention to the various hazards which beset a child in its home. The members of the staff of the public health department, for example, health visitors and sanitary inspectors, have a close association with the public in their homes and are therefore in a unique position to render valuable assistance in this important matter. We must see, as far as possible, that lives saved by virtue of reduced mortality from disease are not lost or damaged as a result of avoidable accidents in the home. Timely advice given as often as opportunity permits will do much to diminish morbidity and mortality from these occurrences.

A Home Safety Advisory Committee has now been established in the Borough. Its members include members of the Council's Accident Prevention Committee and representatives of voluntary organisations in the town. The town clerk acts as secretary and the medical officer of health as chairman thus ensuring a close liaison between the committee and the health department. Through the courtesy of Mr. J. Wilkinson, Secretary of the Stockton and Thornaby Hospital, I am able to submit to the committee statistics regarding accidents in the home which have been dealt with at the hospital. Details relating to deaths which have occurred from home accidents are also submitted to the committee. At each meeting a talk is given on some facet of the home accident problem. The members of the committee who belong to voluntary organisations are thus able to convey useful information to the bodies they represent. Representatives of the local press are invited to all meetings and in this way the work of the committee reaches a wide public. The primary function of this committee is to make us all increasingly aware of the importance of home accidents as a cause of death and this is the first essential step in the reduction of mortality from this cause. More information is given later in the report regarding the work of the committee.

Apparatus has now been installed in the Borough capable of measuring the degree of atmospheric pollution. Thus, for the first time, we are able to record in scientific terms the amount of this pollution and statistics showing the quantity of matter deposited from the atmosphere, expressed as tons per square mile, are included later in this report.

The large increase in mortality attributed to the London fog of December, 1952, vividly demonstrates the serious damage to life and health which can result from vitiation of the atmosphere. The fog commenced on the 5th December and lasted four days, causing 4,000 deaths. Though most of the deaths occurred in older people, they were not limited to this section of the population. Infants and all age groups with the exception of those between one and 24 years, were involved. After the age of 45 years the increase in deaths was very marked. Dr. Logan of the General Register Office described the fog as a " catastrophe of the first magnitude."

The London fog of 1952 represents in an acute and dramatic form the more insidious, and therefore less apparent, damage to human, animal and plant life which is constantly occurring because of noxious substances emitted into the atmosphere. In addition the polluted atmosphere is daily damaging the fabric of buildings and textile materials. All this, either directly or indirectly, imposes a considerable financial strain upon the nation. The solution of the problem is by no means easy and will also be costly. When considering the difficulties and computing the cost, attention should be paid to the economic burden resulting from the present degree of atmospheric pollution, and to the betterment of the public health and the improvement in the amenities of our towns which its alleviation would secure. A conservative estimate puts the financial cost to the nation of atmospheric pollution at £150,000,000 a year.

Damage to buildings results in the incurring of expenditure in renovation which would not otherwise arise. Similarly the effect of noxious substances in the atmosphere on textile fabrics means earlier replacement and higher laundry bills, while damage to plant life results in loss of food production. To all this must be added the drab appearance of many towns and the loss of sunshine directly attributable to atmospheric pollution, together with the wastage represented by the inefficien burning of coal.

Research is at present being undertaken with a view to determining the relationship between cancer of the lung and atmospheric pollution. We know that the dust in the atmosphere contains carcinogens, that is, substances capable of producing cancer in animals under experimental conditions. It would appear that the smoke from domestic chimneys is the major factor in the production of these carcinogens. Whether their prescence in the atmosphere is causally related to cancer of the lung remains uncertain. In the present state of knowledge the wise course is to do all in our power to prevent the emission of these substances into the atmosphere. We do not tolerate the presence of potentially harmful substances in the food we eat or the water we drink. Their presence in the air we breathe is plainly undesirable and should provoke us into adopting on a nation-wide scale and as soon as possible all practicable measures for ensuring the maximum purity of the atmosphere.

In my previous reports attention has been drawn to the need for improving the existing facilities for the slaughter and inspection of animals.

At the end of the report I have included information in respect of the services which were transferred to the County Council under the provisions of the National Health Service Act, 1946. The Borough is an excepted district under the Education Act, 1944, and information is also included in this report on the work of the school health services during 1952.

In last year's report attention was drawn to the great difficulty experienced in meeting the needs of mentally defective children who require residential accommodation. Some children in this category have been on the waiting list for several years. The presence of these children in the home often imposes a great burden on parents and other members of the family responsible for the very difficult task of looking after them.

In conclusion I desire to thank the members of the Health Committee for their interest and encouragement and the Chief Officials of the Corporation for their ready help and co-operation at all times. My grateful thanks are also due to all members of the staff of the various sections of the department for the useful work they have performed during the year.

I have the honour to remain,

Your obedient servant,

HENRY J. PETERS,

Medical Officer of Health.

STAFF

Medical Officer of Health, Borough School Medical Officer, Area Medical Officer (No. 12 Area, D.C.C.'s Scheme of Divisional Administration)—

HENRY J. PETERS, M.B., B.S., B.Hy., D.P.H., D.P.A.

Assistant Medical Officer of Health and Assistant School Medical Officer—

PATRICK F. DARCY, M.B., Ch.B., B.A.O. (Appointed 1/3/52)

Chief Sanitary Inspector—

*ERNEST VARLEY

District Sanitary Inspectors—

*A. KENYON
*F. R. ALLAN
*R. SNOWDON (Resigned 31/7/52)
*A. R. METCALFE (Appointed 13/2/52)
*C. H. CARR (Appointed 1/9/52)
*Cert. San. Ins. Jt. Board. Meat & Food Cert. R.S.I.

Chief Clerk—

H. KIPLING, San. Ins., Cert. R.S.I.

Clerks—

W. E. BELL
Mrs. J. I. PRATER
Miss F. M. BERTRAM (D.C.C.)
Miss S. PREST
J. A. SMITH (H.M. Forces)
Miss J. COLLINS, Junior Clerk

Rodent Operative—

R. MASTERS

School Health Service

Assistant School Medical Officer—

MAUREEN O'GORMAN, L.R.C.P. and S.I.

School Dental Officers—

FRANK R. CADIGAN, L.D.S.
Mrs. F. ELL (Temporary)

Consultant Ophthalmic Surgeon (Part-time)—

A. E. P. PARKER, M.B., B.S., F.R.C.S.

Consultant Nose, Throat and Ear Surgeon (Part-time)—

J. B. T. KESWICK, M.B., Ch.B.

Speech Therapist—

Miss MURIEL KNIGHT

Orthoptist—

Mrs. W. MARTIN

School Nurses—

Mrs. K. CAHILL
Miss D. M. JOHNSON
Mrs. E. MINTO
Mrs. E. WHITEHEAD
Mrs. L. M. STAWSKI

Dental Attendants—

Miss D. WHINFIELD
Mrs. O. ALEXANDER

Clerks—

Miss J. HALL
Mrs. S. WALLETT (Temporary)
Miss J. FIELDING

Staff employed by the County Council for work in the No. 12 Area (Stockton Borough)

Health Visitors—

Mrs. C. CAMERON
Miss B. FIDLER (Died 11/6/52)
Miss M. SHAW
Miss A. M. SHAW
Mrs. E. A. STUBBS
Mrs. N. CLARKSON (Tuberculosis)
Mrs. J. AISTON (Appointed 8/7/52)

Domiciliary Midwives—

Miss J. ASKEY
Miss C. E. BLACKBURN
Miss C. A. COULSON
Mrs. F. E. J. COXON
Mrs. E. S. HALL
Miss D. LLOYD
Mrs. B. PAXTON
Miss L. S. RAYNER
Miss S. D. RICKERBY
Mrs. F. SOUTHALL

Clerks—

Mrs. M. MUNRO
Mrs. E. WOOD (Part-time)

Day Nurseries—

Lorne Terrace—Mrs. E. V. MILLER, Matron
Norton Road—Miss M. CHURCH, Matron
Durham Road—Miss O. SWIFT, Matron

Home Nursing—

Miss. N. JONES, Supt. District Nursing Association

Ambulance Service—

25 Driver Attendants and four telephonists are employed

Domestic Help Service—

Miss C. M. HARRIS, Assistant County Organiser

EXTRACTS FROM VITAL STATISTICS OF THE YEAR

POPULATION

The Registrar General's estimate of the population as at 30th June, 1952, was 73,820, an increase of 160 on last year's estimate but still 204 short of the Census population of April, 1951.

The natural increase in the population during the year 1952 (i.e., the excess of births over deaths) was 631, compared with 440 and 533 for the two previous years.

			1952	1951
Live Births:—				
Males	727	Birth-rate per 1000 of population	19·26	19·03
Females	695			
Total	1422			
Still Births	40	Rate per 1,000 total births	27·36	25·71
Deaths:—				
Males	430	Death-rate per 1,000 of population	10·71	13·06
Females	361			
Total	791			
Infantile Mortality:—				
Number of deaths at ages under 1 year	36	Rate per 1,000 live births	25·31	54·92
Neo-Natal Mortality:—				
Number of deaths at ages under 4 weeks	23	Rate per 1,000 live births	16·17	34·23
Deaths from Puerperal Causes:—				
Number of deaths	1	Rate per 1,000 total births	0·68	0·7

BIRTHS

The high level of births occurring in the Borough was maintained during 1952, 1,422 births being registered compared with 1,402 in 1951. The birth-rate for the year was 19·26 compared with 15·3 and 16·9 the birth-rates for England and Wales and the 160 County Boroughs and Great Towns, respectively.

STILL BIRTHS

There were 40 still births during the year 1952 an increase of three over last year's figure. The rate per 1,000 total births (live and still) increased from 25·71 to 27·36. The rate for England and Wales was 22·6, a figure which has varied very slightly during the past four years.

DEATHS

The total number of deaths of Stockton residents during 1952—after allowing for 127 transfers out to other districts and 192 into the Borough from other areas—was 791—430 males and 361 females. This is a reduction of 171 on the net deaths for 1951. The death-rate at 10·71 per 1,000 of the population is the lowest ever recorded in the Borough, the previous lowest rate being 10·90 for the year 1948. The death rates for England and Wales and the 160 County Boroughs and Great Towns were 11·3 and 12·1 respectively. In order to compare the Stockton rate with that for England and Wales and with other local rates, the local rates must be multiplied by the comparability factor which is supplied by the Registrar General. In the case of Stockton this factor is 1·14, bringing the rate to 12·21.

Of the local deaths 430 were males and 361 females, 265 or 33% of the deaths occurred at ages between 70 and 79 and 135 or 17% at ages of 80 or over.

INFANTILE MORTALITY

It is very satisfactory to be able to report a reduction in the infantile mortality of the Borough during 1952 of over 50%. The number of deaths of infants under one year of age was 36 compared with 77 the number of deaths during 1951. The death-rate for 1952 was 25·31 per 1,000 live births, a record low rate for the Borough and lower than the rate for England and Wales, which was 27·6, a record low rate for the country. Prior to 1952, the lowest rates for the Borough were 45 recorded in 1948 and 47 recorded in 1936.

Although prematurity was again the principal cause of death, the number of deaths from this condition was reduced from 24 in 1951 to 10 in 1952. Pneumonia deaths also showed a reduction of more than 50%. Twenty of the 36 infants who died before reaching the age of one year failed to survive for one week.

Thirty of the 36 infants died in hospitals—12 in Stockton and 18 in Middlesbrough.

A table showing the cause of death in age periods is given in the appendix to this report.

NEO-NATAL MORTALITY

During 1952, the neo-natal mortality or deaths of infants under one month, showed a reduction of 52% on last year's figure which corresponds fairly closely with the fall of 54% in the infantile mortality rate.

The number of deaths in this category was 23 giving a neo-natal rate of 16·17 per 1,000 live births, compared with a rate of 34·23 for 1951. The corresponding rate for England and Wales for 1952 was 18·9. Twenty of the 23 deaths, or 64% occurred at ages under one week.

MATERNAL MORTALITY

One maternal death occurred during the year, the cause of death being certified as " acute pulmonary embolus following on a puerperal thrombo-phlebitis." The patient died at home. In each of the past two years one death has occurred as a result of pregnancy or confinement. Prior to 1951 for two years no death was registered under this classification. The maternal mortality rate for England and Wales at 0·72 constitutes a record low rate for the country.

AVERAGE ANNUAL BIRTH-RATES, DEATH-RATES AND INFANTILE MORTALITY RATES FOR FIVE YEAR PERIODS FROM 1901—1950 AND FOR THE INDIVIDUAL YEARS 1950, 1951 AND 1952, FOR STOCKTON-ON-TEES AND ENGLAND AND WALES

	STOCKTON-ON-TEES				ENGLAND AND WALES		
	Birth Rate	**Death Rate**	**Inf.M. Rate**		**Birth Rate**	**Death Rate**	**Inf. M. Rate**
1901—05	31·64	17·62	153	...	28·16	16·0	137·8
1906—10	29·50	15·98	128	...	26·2	14·6	117·0
1911—15	30·02	17·18	122	...	23·6	14·3	109·6
1916—20	25·04	17·80	111	...	20·0	14·5	90·6
1921—25	25·50	13·80	94	...	19·9	12·1	75·8
1926—30	21·64	13·49	85	...	16·7	12·1	67
1931—35	19·21	12·47	74	...	15·0	12·0	62
1936—40	18·89	12·50	63	...	14·9	12·5	55
1941—45	20·23	13·08	65	...	16·0	11·9	50
1946—50	21·70	11·00	51	...	18·0	11·5	36
1950	18·96	11·74	46	...	15·8	11·6	30
1951	19·03	13·06	55	...	15·5	12·5	29·6
1952	19·26	10·71	25·31	...	15·3	11·3	27·6

NOTES ON PRINCIPAL CAUSES OF DEATH

The six principal causes of death, with associated causes grouped together, compared with corresponding figures for the preceeding five years, were as follows:—

Disease	Number of Deaths 1952	1951	1950	1949	1948	1947
1. Heart and Circulatory diseases ...	320	360	300	271	252	240
2. Cancer	122	133	131	139	103	117
3. Bronchitis, Pneumonia and other respiratory diseases	74	109	82	90	78	132
4. Vascular Lesions of nervous system	93	105	91	97	68	78
5. Violence	23	37	48	44	38	35
6. Tuberculosis (all forms)	18	28	34	47	46	51
Totals	650	772	686	688	585	653
Percentage of total deaths ...	82	80	79	78	73	72

The first four of these groups of causes of death account for 77% of the total deaths. Heart and circulatory diseases again accounted for more than 300 deaths. The majority of these deaths occur in the older age groups and it is anticipated that as the average age of the population increases, the death rate from this group of causes will tend to rise.

All the principal causes of death showed reductions on 1951 figures corresponding to the fall in the general death rate. Respiratory diseases, comprising deaths from pneumonia, bronchitis, and other lung diseases but excluding tuberculosis and cancer, were responsible for 74 deaths. On only one occasion, in 1938, has a lower figure (70) been recorded.

A table showing the violent deaths, classified according to cause and sex is given below. The total number of violent deaths fell from 37 in 1951 to 23 in 1952. Accidents in the home—eight from falls and two from burns and scalds—were the same as last year. Seven of the deaths resulting from falls were of elderly people, five women and two men, three of whom were over 75 and four over 80 years of age. The other death was caused by a child of 16 months falling from a bedroom window.

There was an increase in the number of deaths as a result of motor vehicle accidents from four to seven. Again the victims were all males—five adults and two children. Four of these were pedestrians, two were cyclists who died as a result of collisions with motor vehicles and one was a motor cyclist who fell from his machine.

Cause of Death	Male	Female	Total
Suicide	2	—	2
Accidents at home—			
Falls	2	6	8
Burns and scalds	1	1	2
Accident at work	1	—	1
Motor vehicle accidents	7	—	7
Asphyxia (infants)	1	2	3
Total	14	9	23

SANITARY CIRCUMSTANCES OF THE AREA

WATER

The Borough is supplied with water by the Tees Valley Water Board.

I am indebted to the Engineer and Manager of the Board for the following information in regard to the water supply of the Borough.

The water supply to the area has been satisfactory in quality and quantity.

Three samples of the raw water and 25 samples of the treated water as it leaves the various works, were collected for bacteriological examination each week, together with approximately a dozen samples taken at points on the distribution system. All samples of the treated water collected during the year were of satisfactory bacteriological purity. A summary of chemical and bacteriological analysis is given below.

The waters are not liable to have any plumbo-solvent action.

The water is purified by slow sand filtration followed by treatment with ammonia and chlorine. Water which has been standing in open service reservoirs is also treated with ammonia and chlorine before passing into supply.

All the dwellinghouses in the Borough are supplied with water from public water mains direct to the houses.

LARTINGTON GRAVITATION SUPPLY

Summary of Results, 1952

Chemical Results **(expressed as parts per million)**	**Average**	**Max.**	**Min.**
pH	7·0	7·3	6·9
Colour (Hazen units)	80	135	50
Total Solids	80	95	70
Free Carbon Dioxide	4·5	8	Trace
Chloride	6	8	4
Alkalinity	34	45	35
Total Hardness	47	75	40
Temporary Hardness (Carbonate Hardness	34	45	25
Permanent Hardness (Non-Carbonate Hardness)	13	30	5
Nitrogen in Nitrates	*0·2	0·8	Nil
Nitrogen in Nitrites	*0·01	0·01	Nil
Ammoniacal Nitrogen	0·054	0·120	Nil
Albuminoid Nitrogen	0·068	0·110	0·023
Oxygen absorbed in 3 hours at 37°C. ...	6·8	11·5	4·0
Iron	0·09	0·22	0·03
Turbidity	*3	*3	Nil
Conductivity	105	125	90

* Less than

Bacteriological Results	**Average**	**Max.**	**Min.**
Colony count per ml. at 37°C. after 1 day	5	11	Nil
Colony count per ml. at 37°C. after 2 days	7	19	Nil
Colony count per ml. at 20°C. after 3 days	9	80	Nil
Percentage of samples giving Presumptive Coliform reaction per 100 ml.			1
Percentage of samples giving B. Coli (Type 1) per 100 ml.			1
Percentage of samples giving Cl. Welchii reaction per 100 ml.			65
Percentage of samples giving Cl. Welchii reaction per 10 ml.			Nil

RIVER TEES SUPPLY DARLINGTON

Summary of Results, 1952

Chemical Results **(expressed as parts per million)**	**Average**	**Max.**	**Min.**
pH	7·4	7·9	7·0
Colour (Hazen units)	65	130	20
Total Solids	132	205	85
Free Carbon Dioxide	3·5	5	Trace
Chloride	7	12	3
Alkalinity	63	100	30
Total Hardness	86	140	45
Temporary Hardness (Carbonate Hardness)	63	100	30
Permanent Hardness (Non-Carbonate Hardness)	23	40	10
Nitrogen in Nitrates	0·6	1·8	Nil
Nitrogen in Nitrites	*0·01	0·1	Nil
Ammoniacal Nitrogen	0·042	0·099	0·008
Albuminoid Nitrogen	0·065	0·120	0·015
Oxygen absorbed in 3 hours at 37°C. ...	5·5	12·0	1·2
Iron	0·07	0·16	0·03
Turbidity	*3	*3	Nil
Conductivity	180	275	100

* Less than

Bacteriological Results	**Average**	**Max.**	**Min.**
Colony count per ml. at 37°C. after 1 day	13	36	0
Colony count per ml. at 37°C. after 2 days	18	42	6
Colony count per ml. at 20°C. after 3 days	24	180	1
Percentage of samples giving Presumptive Coliform reaction per 100 ml.			Nil
Percentage of samples giving B. Coli (Type 1) per 100 ml.			Nil
Percentage of samples giving Cl. Welchii reaction per 100 ml.			84
Percentage of samples giving Cl. Welchii reaction per 10 ml.			Nil

ANNUAL REPORT OF CHIEF SANITARY INSPECTOR

Annual Report of the Chief Sanitary Inspector, Mr. E. Varley, to the Medical Officer of Health, on the work of the Sanitary Inspectors during the year 1952:—

SANITARY INSPECTION OF AREA

Summary of work of Inspectors, 1952:—

Inspections following complaints	937
,, under the Housing Acts	174
,, under the Public Health Act	740
,, in regard to outstanding notices	2531
Visits to slaughterhouses and other food premises for food inspection	1101
Samples taken for analysis Food and Drugs Act	146
Milk samples taken for bacteriological examination	60
Other samples taken for bacteriological examination	28
Inspections of bakehouses	55
,, dairies and milk distributors premises	162
,, ice cream factories	31
,, preserved food factories	45
,, other food shops and warehouses	1287
,, restaurants, cafes and snack bars	108
,, offensive trades	17
,, markets	184
,, factories: non-powered 81, powered 251	332
,, outworkers	4
,, licensed premises and places of entertainment	10
,, stables and pigstyes	31
,, under the Diseases of Animals Acts	78
,, under the Prevention of Damage by Pests Act, 1949	142
,, under the Pet Animals Act, 1951	7
,, common lodging houses	11
,, houses let in lodgings	22
,, hairdressers	69
,, hawkers storage accommodation	6
Investigations made in respect of notifiable diseases	175
Premises disinfected re infectious disease	65
,, ,, vermin	109
Miscellaneous inspections	258
Interviews	627

PUBLIC HEALTH ACT, 1936

Nuisances and Repairs dealt with under the Act.

Nine hundred and thirty-seven complaints were dealt with during the year. As a result of these and other routine inspections by the Sanitary Inspectors, notices were served as follows:—

Preliminary Notices served	666
Statutory Notices served	393
Number of premises in respect of which notices served during 1951/52 were complied with	644

Dangerous Buildings and other Structures—

It was necessary during the year to report ten properties to the Borough Engineer as being in such a condition as to be dangerous.

HOUSING ACT, 1936

Sections 9 and 10—Repairs to Dwelling Houses—

Following inspections made by the Sanitary Inspectors and representation to the Housing Committee, 82 Statutory Notices were served under Section 9 of the above Act and during the year 75 houses were made fit for habitation as a result of notices served during 1951/52.

Section 11—

One house was considered to be individually unfit and incapable of repair at a reasonable cost and was scheduled for demolition according to Section 11 of the Act.

Overcrowding—

During the year, 71 families were reported to the Housing Department as living in overcrowded conditions. This number was divided into two groups:—

1.	Statutorily overcrowded in accordance with the Act ...	36
2.	Overcrowded due to the exclusion of the communal living room when assessing the " permitted number "	35

DISEASES OF ANIMALS ACTS

Routine inspections of the cattle market were carried out on sale days and 1,210 licences were issued for the movement of 6,688 pigs.

Nine cases of suspected swine fever were notified to the Ministry during the year. As a result of this notification, one outbreak was confirmed.

Notification was received of five vessels arriving in the River with dogs or cats on board. These vessels were visited under the Importation of Dogs and Cats Order.

Six cases of congenital tuberculosis in calves were discovered by the Inspectors at the slaughterhouses. The origin of the calves was traced in each case and reported to the Ministry of Agriculture and Fisheries for investigation under the Tuberculosis Order, 1938. As a result of this investigation; one affected cow was traced and slaughtered.

During the year, outbreaks of Foot and Mouth disease resulted in the Borough being included in a controlled area. This entailed the issue of licences for the movement of all animals in and out of the restricted area.

OFFENSIVE TRADES

The following offensive trades are in operation in the Borough:—

Tripe Boilers	5
Gut Scrapers	2
Fell Monger	1

All were conducted in a satisfactory manner.

STOCKTON-ON-TEES CORPORATION ACT, 1938

Hairdressers—

The number of persons on the register of hairdressers and barbers at the end of the year was 60. All premises were inspected and conditions found to be entirely satisfactory.

COMMON LODGING HOUSES

The two common lodging houses were again registered and inspections made during the year revealed that both were being operated in a satisfactory manner.

RIDING ESTABLISHMENTS ACT, 1938

The Veterinary Inspector submitted satisfactory reports on his visits to the Riding School in the Borough. It was found that the stabling and attendance was good but for a short period it was necessary to rest two ponies and one horse on the Inspector's recommendation.

SLAUGHTER OF ANIMALS ACT, 1938

Thirty-one persons were granted slaughterman's licences during the year.

Slaughterhouses—

All animals slaughtered for human consumption are dealt with at the two slaughterhouses operated by the Ministry of Food. As on many previous occasions, I must again stress the unsatisfactory arrangements at the premises concerned.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

The following is a summary of the work of the Rodent Operator and his part-time assistant during the year:—

Number of complaints received	300
Number of infestations otherwise discovered	3
Number of premises surveyed	372
Number of inspections made for this purpose	435
Number of premises treated	142
Number of treatments	218
Sewer manholes treated	579
Number of rats and mice killed (according to poison taken)	2369

Approximately 25% of the bodies were collected.

Double maintenance check and treatment of sewer manholes was carried out and in four cases, small areas of property were dealt with by block treatment.

FACTORIES ACT, 1937

Total number of factories on the register at the end of the year was 318 compared with 319 for the year 1951. Regular inspections were carried out and the premises were generally well maintained. It was necessary to send written notices in eight cases requiring improvements.

In the following table, prescribed particulars are given on the administration of the Factories Act, 1937:—

1. Inspections for purposes of provisions as to health—

PREMISES	Number on Register	Number of Inspections	Number of Written Notices
(a) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	42	81	4
(b) Factories not included in (a) in which Section 7 is enforced by the Local Authority	276	251	4
(c) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	—	—	—
Total	318	332	8

2. Cases in which defects were found—

PARTICULARS	Number of cases in which defects were found			
			Referred	
	Found	Remedied	To H.M. Inspector	By H.M. Inspector
Want of Cleanliness (S.1) ...	24	4	—	—
Overcrowding (S.2)	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—
Inadequate ventilation (S.4) ...	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—
Sanitary Conveniences (S.7)—				
(a) Insufficient	3	3	2	—
(b) Unsuitable or defective	14	9	1	—
(c) Not separate for sexes	—	—	—	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—
Total	41	16	3	—

3. Number of out-workers employed in the Borough:—4.

MEASUREMENT OF ATMOSPHERIC POLLUTION FOR THE YEAR 1952

In 1949, a standing committee of local authorities of the Tees-side and Cleveland area was formed with the object of examining the problem of smoke, dust, grit and fumes in the area, and to recommend to its member authorities any joint action deemed necessary to combat the nuisance.

It was agreed that all local authorities should be approached to compile statistics of pollution in their area by using standard deposit gauges as recommended by the Department of Scientific and Industrial Research. A deposit gauge consists of a metal stand, gauge bowl into which dust, grit, etc., collects, and a 10 litre bottle into which the contents of the gauge bowl are drained. The bottles are changed at regular monthly periods and the solids and liquids in the bottles are analysed. The results show the total rainfall, dissolved and undissolved matter, in tons per square mile (The calculation is worked out on the area of the collecting bowl and the amount of the material collected in the bottle during the month). Each gauge is set up in a normal built-up area under dry, calm weather conditions and measures the pollution of an area covering approximately ¼ mile radius.

Impurity in the atmosphere can take the form of solid or liquid particles which may be so large that they settle rapidly, or so small that they remain suspended for a very long time; and gaseous impurity which is dispersed and remains in the air until it is absorbed by rain, or by substances with which it comes into contact.

The gauges so far established in the Borough are at the following points:—

1. Quayside Mission, The Square.
2. North End Recreation Ground.
3. The Drill Hall, Norton.

I set out below the quarterly average deposits for 1952 in tons per square mile as measured by these deposit gauges. For the purpose of comparison, the average results from the 43 deposit gauges throughout Tess-side are shown alongside the Stockton figures.

Gauges are now in use in all areas throughout Tees-side from Hartlepool to Saltburn and are, generally speaking, placed on sites which give a cross section of results ranging from entirely residential to heavy industrial areas.

AVERAGE DEPOSITS IN TONS PER SQUARE MILE

Quarter ending	Drill Hall, Norton	North End Rec. Ground	Quayside Mission	Average for the Borough	Average for Tees-side
31st March ...	*17·77	†34·56	21·16	24·46	24·12
30th June ...	12·73	29·16	27·10	22·99	23·23
30th September ...	12·50	19·22	24·91	18·88	26·67
31st December ...	13·99	23·70	18·32	18·67	24·43

† January deposits probably increased by fire at factory adjoining gauge site

* March readings only

AVERAGE PERCENTAGE OF WIND RECORDS FOR EACH QUARTER

Quarter ending	N	NE	E	SE	S	SW	W	NW	Calm	No record
31st Mar.	4·0	10·33	1·46	4·3	5·76	35·9	8·46	18·56	10·7	0·5
30th June	6·5	19·2	0·6	4·2	8·7	37·4	8·9	4·2	10·2	0·6
30th Sept.	13·5	14·3	2·0	0·9	4·4	40·9	6·9	9·9	7·1	—
31st Dec.	5·6	5·5	4·9	6·1	7·6	32·6	10·5	16·9	10·4	—

FOOD AND DRUGS ACT, 1938

A total of 1,705 inspections of food premises revealed that with few exceptions, premises were being maintained in a satisfactory manner. Apart from several verbal requests, it was necessary to serve 58 Preliminary Notices dealing with requirements of the Act. Of the notices served during 1951/52, 33 were complied with.

Milk—

Number of Distributors on Register	116
Number of Pasteurisers Licences issued	2
Number of licences to sell Pasteurised milk	56
Number of licences to sell Tuberculin Tested milk	16
Number of licences to sell Sterilised milk	69

The following samples of milk were taken for bacteriological examination and testing:—

1. Pasteurised milk—
   (a) Pasteurised in the Borough 47
   Of these one failed the Phosphatase test. The remainder satisfied both the Methylene Blue and Phosphatase tests.
   (b) Pasteurised outside but retailed in the Borough ... 5
   All satisfied the Methylene Blue and Phosphatase tests.
2. Untreated milk—Six samples of raw milk (which is being distributed by retailers in the Borough) were sent for biological test. All revealed negative results.

Ice Cream—

Number of manufacturers on Register	8
Number of premises registered for storage and sale only ...	174

Twenty samples of ice cream were sent to the Analyst for examination and grading in the provisional Methylene Blue grades, with the following results:—

	Methylene Blue Test Grades			
	1	**2**	**3**	**4**
Number of samples, 20	8	3	9	—

Seven samples were also taken for analysis for fat and sugar content. One sample revealed a deficiency in fat content, but the remainder were entirely satisfactory.

Food Sampling—

A total of 150 samples of food were taken for analysis and bacteriological examination. These included 16 samples of milk, one of which revealed a deficiency in fat content and the matter was referred to the local authority of the area of production in order that necessary action could be taken.

Of the 40 samples of sausages and sausage meat taken, nine were deficient in meat content. The informal samples included in these deficiencies were followed up by formal sampling and in one case it was necessary to take legal proceedings against the manufacturer. This resulted in a fine of £5 and costs being imposed.

One sample of Lemon Butter and Orange Spread was found by the Analyst to be incorrectly described. This was manufactured in Ireland and investigations were made through the Ministry of Food regarding the source of manufacture. It was subsequently discovered that the firm concerned had ceased business.

Inspection of Animals Slaughtered for Human Consumption—

	Cattle excluding Cows	**Cows**	**Calves**	**Sheep and Lambs**	**Pigs**
Number killed	4964	893	2988	21757	3433
Number inspected	4964	893	2988	21757	3433
Condemned for disease other than Tuberculosis :—					
Whole Carcases	6	29	20	66	14
Part carcases or Organs	3188	533	—	763	100
Tuberculosis only :—					
Whole Carcases	7	41	11	—	3
Part Carcases or Organs	618	456	—	—	201

Inspection and Condemnation of Food—

The following is a summary of various foodstuffs inspected during the year and condemned as unfit for human consumption :—

Bacon	4 cwt.
Biscuits	3 qrs. 12 lb.
Butter	2 qrs. 6 lb. 14 oz.
Cake	1 cwt.
Cake Mixture	1 qr. 5 lb. 6 oz.
Cereals	3 lb.
Cheese	2 cwt. 1 lb. 15 oz.
Chocolate	24 lb.
Coconuts	1104
Coffee	3 lb. 1¼ oz.
Cream	2 lb.
Currants	3 cwt.
Figs	2 qrs. 4 lb.
Fish	6 cwt.
Flavouring	9 lb. 9 oz.

Flour	21 lb.
Fruit	55 cwt. 3 qrs. 16 lb.
Fruit Juice	1 cwt. 24 lb. 8 oz.
Gravy Salt	1 cwt. 2 qrs. 4 lb.
Ham	27 cwt. 3 qrs. 17 lb. 7 oz.
Honey	5 lb.
Ice Cream	1 cwt. 25 lb. 4 oz.
Jam	3 qrs. 12 lb.
Jellies	1 qr. 4 lb. 6 oz.
Margarine	15 lb.
Marmalade	1 qr. 1 lb. 8 oz.
Meat	26 cwt. 1 qr. 5 lb. 3 oz.
Meat Paste	1 lb. 12½ oz.
Milk	5 cwt. 2 qrs. 27 lb. 4 oz.
Mincemeat	18 lb. 14½ oz.
Mustard	2 lb. 2½ oz.
Oatmeal	13 lb.
Pickles	1 cwt. 1qr.
Puddings	8 lb. 13 oz.
Salad Cream	2 qrs.
Sandwich Spread	1 lb. 4 oz.
Sauce	3 qrs. 15 lb. 5 ozs.
Skimmed Milk Powder	1 cwt.
Soup	3 cwt. 3 qrs. 7 lb. 4½ oz.
Syrup	12 lb.
Vegetables	32 cwt. 1 qr. 20 lb. 3½ oz.

ERNEST VARLEY, Chief Sanitary Inspector.

INFECTIOUS DISEASES

The total number of cases of infectious disease notified during the year was less by 520 than the figure for 1951. All the principal infectious diseases, with the exception of Acute Poliomyelitis and Dysentery showed reductions. The incidence of measles and whooping cough varies considerably from year to year and during 1952 both diseases were less prevalent than during 1951. Notifications of pneumonia were less than half the previous year's figures and although 16 cases were removed to hospital with a primary diagnosis of diphtheria, only two were confirmed. The number of confirmed cases of poliomyelitis increased from 4 in 1951 to 10 in 1952.

Deaths from infectious diseases during the year were:—

Whooping cough 1; Meningococcal infections 2; and Acute poliomyelitis 1.

There were no deaths during the year from measles or diphtheria.

The number of cases of infectious disease, after correction, notified in each quarter of the year 1952, is shown in the following table:—

	Quarter Ended				
	31st Mar.	30th June	30th Sept.	31st Dec.	Total
Scarlet Fever	33	17	12	32	94
Whooping Cough	152	50	10	4	216
Measles	16	124	262	334	736
Diphtheria	1	—	—	1	2
Pneumonia	15	7	4	23	49
Acute Poliomyelitis—					
Paralytic	—	1	6	1	8
Non-Paralytic	—	—	2	—	2
Dysentery	5	1	1	12	19
Erysipelas	4	1	2	3	10
Puerperal Pyrexia	4	1	2	4	11
Malaria	—	—	—	1	1
Food Poisoning	1	—	1	—	2
Ophthalmia Neonatorum ...	1	—	—	—	1
Paratyphoid Fever	—	1	—	—	1
Meningococcal Infection ...	—	3	1	—	4
	232	206	303	415	1156

The case rates per 1,000 of the population for certain infectious diseases in 1952 for England and Wales, the 160 County Boroughs and Great Towns, and Stockton-on-Tees, are shown in the following table:—

DISEASE	England & Wales	160 C.B's. & Great Towns inc. London	Stockton-on-Tees
Typhoid Fever	0·00	0·00	——
Paratyphoid Fever	0·02	0·02	0·01
Meningococcal Infection	0·03	0·03	0·05
Scarlet Fever	1·53	1·75	1·27
Whooping Cough	2·61	2·74	2·92
Diphtheria	0·01	0·01	0·03
Erysipelas	0·14	0·15	0·13
Smallpox	0·00	0·00	——
Measles	8·86	10·11	9·97
Pneumonia	0·72	0·80	0·66
Acute Poliomyelitis (including Polioencephalitis)—			
Paralytic	0·06	0·06	0·11
Non-Paralytic	0·03	0·03	0·03
Food Poisoning	0·13	0·16	0·03
Puerperal Pyrexia	*17·87	*23·94	*7·52

* Per 1,000 Total (Live and Still) Births

ISOLATION HOSPITAL ACCOMMODATION

All cases of infectious disease occurring in the Borough are removed to the West Lane Isolation Hospital, Middlesbrough. The following table shows the number of cases of each of the diseases specified admitted to the Isolation Hospital during the year 1952. In many cases the original diagnosis was amended after admission to hospital, the amended figures being shown in brackets:—

Scarlet Fever	95	(84)
Diphtheria	16	(2)
Paratyphoid Fever	1	
Measles	8	
German Measles	2	(—)
Whooping Cough	6	
Whooping Cough and Broncho-Pneumonia ...	1	
Chickenpox	6	(5)
Mumps	2	
Mengingitis	8	(1)
Poliomyelitis	10	(6)
Pneumonia	10	(5)
Influenza	2	
Bronchitis	4	
Dysentery	29	(21)
Gastro Enteritis	66	(56)
Puerperal Pyrexia	1	
Tonsillitis	2	
Impetigo	7	(5)
Rheumatic Fever	1	
Miscellaneous	13	
Total	290	

LABORATORY FACILITIES

Excellent laboratory facilities are available at the Public Health Laboratories at Middlesbrough, Northallerton and Newcastle. Almost any type of specimen may be sent for examination free of cost.

Samples taken under the Food and Drugs Act, 1938, and samples of water, are sent to the Public Analyst at Darlington. Samples of heat treated milk are examined by phosphatase and methylene blue tests, and samples of milk sent to the Public Health Laboratory at Middlesbrough. Specimens for examination for the Rh. Factor, blood grouping and Wassermann reactions are sent to the pathological laboratory at Middlesbrough.

TUBERCULOSIS

The following table shows the state of the Tuberculosis Register at the commencement and end of 1952:—

	Respiratory			Non-Respiratory			Gross
	M.	F.	Total	M.	F.	Total	Total
No. of cases on Reg. 1/1/52 ...	208	150	358	36	50	86	444
Added during year	42	22	64	3	2	5	69
Removed during year	36	35	71	9	17	26	97
Remaining on Reg. 31/12/52 ...	214	137	351	30	35	65	416

The reasons for removal from the Register were:—

	Respiratory	Non-Respiratory	Total
Death	15	4	19
Recovered	47	20	67
Removed	8	2	10
Non-Tubercular ...	1	—	1
	71	26	97

The number of new cases notified during the year at 69 is a considerable reduction on the figures for previous years and for the first time the incidence rate fell below one per thousand of the population.

The incidence rates per 1,000 of the population for all forms of tuberculosis during the past ten years were as follows:—

1943	1·51
1944	1·61
1945	1·47
1946	1·16
1947	1·38
1948	1·45
1949	1·28
1950	1·50
1951	1·42
1952	0·93

The number of deaths registered as being due to tuberculosis was 18, a reduction of 10 on last year's figure. Thirteen of these were due to respiratory tuberculosis and five to non-respiratory tuberculosis. All five non-respiratory deaths were due to tubercular meningitis—four yong children and one adult.

The deaths from tuberculosis are shown in the following table, classified according to sex and age. These figures are obtained from local returns and differ slightly from those supplied by the Registrar General.

DEATHS FROM TUBERCULOSIS, 1952

Age Periods	Respiratory M.	Respiratory F.	Respiratory Total	Non-Respiratory M.	Non-Respiratory F.	Non-Respiratory Total	Gross Totals
Under 1 ...	—	—	—	—	—	—	—
1—4	—	—	—	1	1	2	2
5—14	—	—	—	1	1	2	2
15—24	—	2	2	—	—	—	2
25—44	2	—	2	—	1	1	3
45—64	7	2	9	—	—	—	9
65—74	2	—	2	—	—	—	2
75 and over ...	—	—	—	—	—	—	—
Total	11	4	15	2	3	5	20

The death-rate from the disease was 0·24 per 1,000 of the population, compared with 0·38 and 0·46 the rates for the two previous years. The corresponding rates for England and Wales and the 160 County Boroughs and Great Towns were 0·24 and 0·28 respectively.

The average death-rate for both types of the disease per 1,000 of the population for each five-year period from 1911 to 1950 and the rates for the individual years 1949-1952 are given below:—

	Respiratory	Non-Respiratory	Total
1911—15	1·28	0·75	2·03
1916—20	1·30	0·57	1·87
1921—25	0·91	0·37	1·28
1926—30	0·90	0·35	1·25
1931—35	0·74	0·20	0·94
1936—40	0·63	0·14	0·77
1941—45	0·71	0·11	0·88
1946—50	0·49	0·12	0·61
1949	0·57	0·07	0·64
1950	0·38	0·08	0·46
1951	0·33	0·05	0·38
1952	0·17	0·07	0·24

MASS RADIOGRAPHY SURVEY

The mass radiography unit visited the Borough on several occasions during the year and X-rayed a total of 3,205 people. The following statistics on the work of the unit in the Borough during 1952 have been supplied by the Organising Secretary.

Numbers X-rayed on Miniature Film—

	Male	**Female**	**Total**
Schoolchildren	150	220	370
Adults	1480	1355	2835
	1630	1575	3205

Diagnosed on miniature film	9	3	12
Referred to Chest Clinic for large film	64	53	117—36%
Did not attend Clinic	2	1	3
No abnormalities diagnosed at Clinic	18	6	24
Outstanding cases	1	2	3
Abnormalities found—			
Active Pulmonary Tuberculosis	1	10	11
Inactive Pulmonary Tuberculosis	28	19	47
Thoracic neoplasm	1	1	2
Bronchiectasis	5	4	9
Miscellaneous	17	13	30
	52	47	99—3·08% of total X-rayed

CANCER

There were 122 deaths from this disease during 1952 compared with 129 during 1951. The deaths were divided almost equally between the sexes. In males the principal sites affected are the digestive organs and the respiratory system while in the case of the females cancer of the digestive organs and the breast are the principal sites, although in all cases the figures for 1952 are less than those for the previous year.

The death-rate for the disease for the year 1952 was 1·65 per 1,000 of the population. This is a reduction of 0·24 on the rate for 1951. The corresponding rate for England and Wales was 1·99 per 1,000.

In the following table the deaths, excluding leukaemia, are classified according to age, sex and site affected:—

	Under 25		25/44		45/64		65/74		Over 75		Total		Gross Total
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Buccal Cavity and Pharynx	—	—	—	1	—	1	1	1	3	1	4	4	8
Digestive Organs and Petritoneum	—	—	3	—	5	6	13	7	9	10	30	23	53
Respiratory System	—	—	1	1	10	2	5	—	—	—	16	3	19
Uterus	—	—	—	—	—	3	—	3	—	1	—	7	7
Other Female Genital Organs	—	—	—	—	—	3	—	2	—	1	—	6	6
Breast	—	—	—	2	—	9	—	2	—	—	—	13	13
Male Genital Organs	—	—	—	—	—	—	—	—	—	—	—	—	—
Urinary Organs	—	—	1	—	1	—	3	—	2	—	7	—	7
Brain and other parts of nervous System	—	—	1	—	—	—	—	—	—	—	1	—	1
Other and Unspecified Sites	1	—	—	1	2	3	—	—	1	—	4	4	8
Totals ..	1	—	6	5	18	27	22	15	15	13	62	60	122

The death rates from this disease for each of the past ten years have been:—

	Per 1,000 of population
1943	1·58
1944	1·66
1945	1·96
1946	1·52
1947	1·63
1948	1·41
1949	2·07
1950	1·77
1951	1·89
1952	1·65

FOOD POISONING

Two isolated cases of food poisoning were notified in the Borough during 1952. In both cases the illness was slight and as some time had elapsed before notification was received by the Health Department, no definite source of infection could be traced.

HOME SAFETY

A Home Safety Advisory Committee was formed in the Borough and held its first meeting in February, 1952. Meetings are held bi-monthly. Talks have been given to members of the Committee by an officer of the Royal Society for the Prevention of Accidents, an officer of the Fire Brigade, a Petroleum inspector, a Health visitor and representatives from the Gas and Electricity Boards.

A statistical report is submitted at each meeting showing the deaths resulting from accidents in the home and a summary of the home accidents dealt with at the Stockton and Thornaby Hospital.

Deaths in the Borough as a result of accidents in the home during the year 1952 were as follows:—

Three elderly people died as a result of fractured limbs sustained when they fell at home.

One elderly man died as a result of burns received when he fell on the fire.

One child aged four years died from burns received when her clothing caught fire.

One child aged 16 months died from a fractured skull received when she fell from a bedroom window.

One child aged four months died from asphyxia due to inhalation of regurgitated food.

The following table is a summary of the home accidents reported by the Stockton and Thornaby Hospital during the period the Committee has been in operation, namely March to December, 1952, inclusive:—

Cause	Sex		Age Periods								Total
	M.	F.	Under 1	1/4	5/14	15/24	25/44	45/64	65/74	75 & over	
Falls ...	69	72	3	45	16	9	21	21	19	7	141
Burns ...	18	25	4	18	7	2	6	6	—	—	43
Scalds ...	23	18	—	17	12	2	8	2	—	—	41
Cuts ...	33	29	—	14	18	7	17	5	1	—	62
Others ...	34	35	—	21	12	4	17	12	3	—	69
Total ...	177	179	7	115	65	24	69	46	23	7	356

INFORMATION IN RESPECT OF THE SERVICES ADMINISTERED IN THE BOROUGH BY THE COUNTY COUNCIL UNDER PART III OF THE NATIONAL HEALTH ACT, 1946

The Medical Officer of Health for the Borough is also the Area Medical Officer for the County Council for the No. 12 Area which comprises the whole of the Borough of Stockton-on-Tees. Part of the services of the administrative staff of the Health Department is paid for by the County Council.

MATERNITY AND CHILD WELFARE

There was no change during he year in the situation and number of sessions held at the six child welfare centres in the Borough. As no full-time Medical Officer has been appointed for this work the medical staffing of the centres is still being carried out by medical practitioners employed on a sessional basis.

The following table shows the number of attendances made at each of the centres during 1952, the number of medical consultations, and the average attendances per session:—

CENTRE	ATTENDANCES Under 1 year	1/5 years	Total	Average attendance per session	Number of Medical Consultations
131 Norton Road ...	1589	507	2096	41	542
Woodlands, Yarm Lane ...	5232	2196	7428	51	729
St. Anne's Terrace	1055	377	1432	29	406
Norton Green ...	4216	1677	5893	58	307
Brown's Bridge ...	2028	1167	3195	63	597
Eastbourne Hall ...	1345	611	1956	41	316
Totals	15465	6535	22000	47	2897

The attendances as the Ante-Natal Centres were as follows:—

CENTRE	Attendances	Average attendance per Session	Number of Medical Consultations
Robson Maternity Home ...	136	5·5	132
Norton Road	456	9·0	321
Totals	592	7·25	453

The total attendances at the Child Welfare Centres fell by nearly 2,000 during the year and the average attendance per session was reduced from 54 to 47.

The attendances at the Ante-Natal Centres also showed a reduction, the average per session being 7·25 against 9·7 for 1951. Most expectant mothers now book a medical practitioner to attend the confinement and he also undertakes ante-natal and post-natal examinations and treament.

ARTIFICIAL SUNLIGHT CLINIC

Two artificial sunlight sessions are held weekly at the Child Welfare Centre, 131 Norton Road. During the year 1952, 1,472 attendances were made, an average of 15 per session.

HEALTH VISITORS

There was no change in the number of Health Visitors employed in the Borough. Five Health Visitors devote the major portion of their time to Maternity and Child Welfare work and one divides her time between tuberuclosis home visiting, mental deficiency home visiting and maternity and child welfare.

During the year domiciliary visits were paid by these Health Visitors as follows:—

Maternity and Child Welfare	11475
Tuberculosis	1427
General Health	39
Mental Deficiency	374
School	38
Total	13353

MIDWIVES

Ten midwives are employed by the County Council for work in the Borough. During the year 1952, 637 births were notified by these midwives, compared with 615 for 1951.

IMMUNISATION AND VACCINATION

Immunisation against diphtheria is carried out principally at Child Welfare Centres and by private medical practitioners. The number of children receiving a full course of injections during the year being as follows:—

Under 5 years of age	736
5-14 years of age	122
Total	858

274 children received a reinforcing injection during the year.

492 persons, mainly children under one year of age were vaccinated against smallpox during the year and 116 persons were re-vaccinated.

DAY NURSERIES

Three day nurseries in the Borough provide accommodation for 152 children.

The number of places provided and the average daily attendance at each nursery during the year is given in the following table:—

NURSERY	No. of places	No. on register 31/12/52	Average daily attendances Under 2 yrs.	2/5 yrs.	Total
Lorne Terrace ...	32	26	6·5	19·8	26·3
Norton Road ...	60	28	7·9	35·4	43·3
Durham Road ...	60	21	10·4	33·3	43·7
Totals	152	75	24·8	88·5	113·3

The introduction of new scales of charges early in December for children admitted to the day nurseries resulted in a sharp fall in attendances. The new scales of charges varied between a maximum of 6/10d. a day to a minimum of 6d. per meal according to the means of the applicant.

DENTAL TREATMENT FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE YEARS

Arrangements are in operation by which expectant and nursing mothers and children under five years of age who require dental treatment are referred to the School Dental Officers for examination and treatment.

Twenty-five pre-school children were examined by School Dentists during the year under this arrangement. No expectant mothers were dealt with during the year. Cases requiring dentures are referred to private dentists.

HOME NURSING

Home Nursing is carried out in the Borough by the District Nursing Association under an agreement with the County Council. During the year 1,296 new cases received nursing attention and 37,288 visits were made by the nurses.

CARE AND AFTER CARE OF SICK PERSONS

The functions of Tuberculosis Care Committees in Durham County were transferred to Area Health Sub-Committees in August, 1951, and were extended to include the care and after care of all sick persons. Very little progress has been made in this service during the year.

The Durham County Council carries a stock of appliances and nursing equipment for loan in appropriate cases. During 1952 the following articles were provided for Stockton patients :—

Bedsteads	2
Mattresses (hair)	2
Mattresses (Dunlopillo)	1
Blankets (pair)	1
Sheets (pair)	1
Pillows (pair)	1
Pillow cases (pair)	1
Bed cradle	1
Bed rests	3
Bedpans	3
Urine bottle	1
Commode	1
Rubber sheeting	4
Crutches (pair)	1
Fracture boards	1
Invalid chairs (push)	12
Invalid chair (Rim driven)	1
Invalid chair (Jr. push)	1

AMBULANCE SERVICE

The ambulance service consists of eight ambulances manned by 25 driver-attendants, and covers an area comprising the Borough of Stockton, the Stockton Rural District and Billingham Urban District.

The following is a summary of the work carried out during the year :—

Calls		14269
Patients carried—		
Stretcher cases	4948	
Sitting cases	18071	
		23019
Total mileage		169930

The number of patients carried during the year increased by 3,680 over the 1951 figures—460 stretcher and 3,220 sitting cases—and the mileage covered increased by 4,511 miles.

DOMESTIC HELP

An Assistant Domestic Help Organiser appointed by the County Council spends part of her time in Stockton and is responsible for the supervision of the service. At the end of the year 43 domestic helps were assisting 147 families. The majority of the domestic helps are casuals working part-time.

APPENDIX

Birth-rates, Civilian Death-rates and Analysis of Mortality for the year 1952

Provisional figures based on Weekly and Quarterly Returns

	ENGLAND AND WALES	160 County Boroughs and Great Towns inc. London	160 Smaller Towns Pop. 25000-50000 1951 Census	LONDON ADM. COUNTY	STOCKTON-ON-TEES
Births per 1,000 Home Population:—					
Live births	15·3	16·9	15·5	17·6	19·26
Still births	0·35	0·43	0·36	0·34	0·54
Deaths per 1,000 Home Population:—					
All causes	11·3	12·1	11·2	12·6	10·71
Typhoid and Paratyphoid	0·00	0·00	0·00	—	—
Whooping Cough	0·00	0·00	0·00	0·00	0·01
Diphtheria	0·00	0·00	0·00	0·00	—
Tuberculosis	0·24	0·28	0·22	0·31	0·24
Influenza	0·04	0·04	0·04	0·05	0·05
Smallpox	0·00	—	—	—	—
Acute Poliomyelitis (including Polioencephalitis) ...	0·01	0·01	0·00	0·01	0·01
Pneumonia	0·47	0·52	0·43	0·58	0·50
Deaths per 1,000 Live Births:—					
All causes under 1 year of age	27·6	31·2	25·8	23·8	25·31
Enteritis and Diarrhoea under 2 years of age	1·1	1·3	0·5	0·7	1·40

CAUSES OF DEATH IN STOCKTON-ON-TEES, 1952

	Cause of Death	Total	Males	Females
	All Causes	791	430	361
1.	Tuberculosis, respiratory	13	10	3
2.	Tuberculosis, other	5	2	3
3.	Syphilitic disease	2	2	—
4.	Diphtheria	—	—	—
5.	Whooping Cough	1	—	1
6.	Meningococcal infections	2	1	1
7.	Acute Poliomyelitis	1	1	—
8.	Measles	—	—	—
9.	Other infective and parasitic diseases ...	4	4	—
10.	Malignant Neoplasm, stomach	16	11	5
11.	Malignant Neoplasm, lung, bronchus ...	17	14	3
12.	Malignant Neoplasm, breast	13	—	13
13.	Malignant Neoplasm, uterus	6	—	6
14.	Other malignant and lymphatic neoplasms	67	34	33
15.	Leukaemia, aleukaemia	3	1	2
16.	Diabetes	5	1	4
17.	Vascular lesions of nervous system	93	47	46
18.	Coronary disease, angina	97	67	30
19.	Hypertension with heart disease	16	10	6
20.	Other heart diseases	178	81	97
21.	Other circulatory diseases	29	18	11
22.	Influenza	4	4	0
23.	Pneumonia	37	20	17
24.	Bronchitis	30	19	11
25.	Other diseases of respiratory system ...	7	5	2
26.	Ulcer of stomach and duodenum	11	9	2
27.	Gastritis, enteritis and diarrhoea	6	3	3
28.	Nephritis and nephrosis	10	4	6
29.	Hyperplasia of prostate	7	7	0
30.	Pregnancy, childbirth, abortion	1	—	1
31.	Congenital malformations	5	3	2
32.	Other defined and ill-defined diseases ...	82	36	46
33.	Motor vehicle accidents	7	7	0
34.	All other accidents	13	6	7
35.	Suicide	2	2	—
36.	Homicide and operations of war	1	1	—

INFANTILE MORTALITY, 1952

Cause of Death	Sex		Age at Death							
	M.	F.	Under 1 day	1/7 days	1/4 wks	4 wks to 3 mths	3/6 mths	6/9 mths	9/12 mths	Total under 12 mths
Prematurity	6	4	3	5	2	—	—	—	—	10
Atelectasis	2	2	3	1	—	—	—	—	—	4
Broncho Pneumonia	3	3	—	2	1	1	1	1	—	6
Congenital Malformations ...	2	1	1	—	—	1	—	1	—	3
Gastro-Enteritis ...	1	1	—	—	—	—	—	2	—	2
Debility from Birth	1	—	—	1	—	—	—	—	—	1
Birth Injury	1	1	1	1	—	—	—	—	—	2
Asphyxia from Regurgitated Food	1	1	—	—	—	1	1	—	—	2
Purulent Meningitis	—	1	—	1	—	—	—	—	—	1
Acute Bronchitis ...	—	1	—	—	—	—	—	1	—	1
Meningococcal Infection	1	—	—	—	—	—	1	—	—	1
Encephalitis	1	—	—	—	—	—	—	1	—	1
Ludwigs Angina ...	1	—	—	—	—	1	—	—	—	1
Rhesus Incompatibility ...	—	1	1	—	—	—	—	—	—	1
Totals	20	16	9	11	3	4	3	6	—	36

MATERNAL MORTALITY IN ENGLAND AND WALES AND STOCKTON-ON-TEES

CAUSE	Number of Deaths		Rates per 1,000 total (Live & Still) Births	
	England and Wales	Stockton-on-Tees	England and Wales	Stockton-on-Tees
Sepsis of pregnancy, childbirth and the puerperium	61	—	0·09	—
Abortion with toxaemia	13	—	0·02	—
Other toxaemias of pregnancy and the puerperium	147	—	0·21	—
Haemhorrage of pregnancy and childbirth	59	—	0·09	—
Abortion without mention of sepsis or toxaemia	31	—	0·04	—
Abortion with sepsis	47	—	0·07	—
Other complications of pregnancy, childbirth and the puerperium	138	1	0·20	0·68
Totals	496	1	0·72	0·68

STOCKTON-ON-TEES COMMITTEE FOR EDUCATION

Report on the work of the School Health Service, 1952:—

Details associated with Education in the Borough—

Number of schools	26
These include 18 Primary Schools, five Secondary Modern Schools, two Grammar Schools and one Special Open Air School for Delicate Children	
Number of children for whom accommodation is provided ...	15,640
Number of children on roll at the end of the year	12,721

MEDICAL INSPECTION

After a period of 11 months during which no medical inspection was carried out, owing to lack of medical staff, routine medical inspection was recommenced in March, 1952, on the appointment of Dr. P. F. Darcy as Assistant School Medical Officer. A second Assistant School Medical Officer was appointed in October, and a certain amount of extra medical inspection was carried out, but the full benefit of this second appointment will not be felt until an extra nurse and clerk can be appointed to cope with the extra work entailed.

The number of children inspected in the prescribed age groups was 3,088. In addition, 659 children of various ages not within the prescribed age groups were inspected. Some of these were Nursery Class children, but most were children who had missed medical inspection at the usual age, owing to shortage of staff.

2,367 children, referred by parents, teachers, school nurses or enquiry officers were examined as " Specials."

876 re-inspections of children suffering from one or more defects were carried out during the year.

PUPILS FOUND TO REQUIRE TREATMENT

The number of individual pupils found at Periodic Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin) is given below:—

Group	For Defective Vision (excluding squint)	For any other conditions	Total individual pupils
Entrants	88	181	260
Second Age Group	47	57	96
Third Age Group	111	46	148
Total (prescribed groups)	246	284	504
Other Periodic Inspections	49	69	112
Grand Total	295	353	616

The following table shows the number of defects noted at periodic and special medical inspections as requiring treatment or as needing to be kept under observation:—

DEFECT OR DISEASE	Periodic Inspections NUMBER OF DEFECTS Requiring treatment	Periodic Inspections NUMBER OF DEFECTS Requiring to be kept under observation	Special Inspections NUMBER OF DEFECTS Requiring treatment	Special Inspections NUMBER OF DEFECTS Requiring to be kept under observation
Skin	17	3	29	6
Eyes—				
(a) Vision	295	195	380	143
(b) Squint	51	22	113	27
(c) Other	10	1	37	5
Ears—				
(a) Hearing	6	18	1	19
(b) Otitis Media	25	6	53	6
(c) Other	13	2	19	1
Nose or Throat	147	291	185	97
Speech	10	3	4	2
Cervical Glands	—	228	2	81
Heart and Circulation	—	77	—	93
Lungs	4	45	23	11
Developmental—				
(a) Hernia	2	1	—	1
(b) Other	6	2	5	3
Orthopaedic—				
(a) Posture	—	—	—	1
(b) Flat Foot	7	—	1	2
(c) Other	11	7	15	8
Nervous System—				
(a) Epilepsy	2	—	6	2
(b) Other	1	4	6	2
Psychological—				
(a) Development	—	2	12	4
(b) Stability	1	3	16	6
Other defect or disease	57	26	102	186

NUTRITION

The general condition of the pupils inspected was classified as shown in the following table:—

Age Groups	Number of Pupils Inspected	A (Good) No.	A (Good) % of col. 2	B (Fair) No.	B (Fair) % of col. 2	C (Poor) No.	C (Poor) % of col. 2
Entrants	1554	368	23·67	1156	74·38	30	1·93
Second Age Group ...	562	209	37·18	330	58·71	23	4·09
Third Age Group ...	972	462	47·53	484	49·79	26	2·67
Other Periodic Inspections	659	174	26·40	460	69·80	25	3·79
Total	3747	1213	32·37	2430	64·85	104	2·77

ARRANGEMENTS FOR TREATMENT—MINOR AILMENTS

The following table shows the number of defects treated or under treatment during the year:—

Defect	Number of cases treated or under treatment during the year By the Authority	Otherwise
Skin—Ringworm—		
(i) Scalp	3	2
(ii) Body	26	—
Scabies	6	—
Impetigo	170	2
Other skin diseases	30	10
Eye Disease—External and other, but excluding errors of refraction and squint	289	4
Ear Defects	141	2
Miscellaneous—e.g. minor injuries, bruises, sores, chilblains, etc.	8457	16
Total	9122	36

A minor ailment clinic was opened at Ragworth Primary School in February, 1952. Two sessions per week are held there for children of that school and from St. John's School. The sessions at Frederick Nattrass Clinic were reduced from three to two per week to make a nurse available for the new clinic.

There are now seven minor ailment clinics and also a treatment room at Ragworth Open Air School.

The total number of attendances at the minor ailment clinics (including Ragworth Open Air School) during the year was 24,552, a decrease of 1,938 as compared with those for 1952.

VISUAL DEFECTS AND EXTERNAL EYE DISEASE

The Consultant Ophthalmic Surgeon attended the School Clinic twice weekly during 1952. 695 children attended for refraction examination and two for other defect of the eyes. Two of the children examined were pre-school children.

Spectacles were prescribed for 471 of the children examined, and of this number 328 are known to have obtained spectacles.

Operative treatment for correction of squint was recommended in 18 cases.

There were no new certifications during the year of blind or partially sighted children. The two partially sighted children mentioned in the 1951 report, one certified in August, 1949, and the other in January, 1950, are still awaiting admission to a special school.

ORTHOPTIC CLINIC

Orthoptic Clinic sessions were held twice per week in 1952. Mrs. Martin, Orthoptist, reports as follows:—

" During 1952 the Orthoptic Clinic was open for two sessions weekly, the total number of sessions being 97. The total number of attendances was 545, making an average of 5·6 per session.

During the year, 102 children attended, 39 of them new cases. Of these 102 cases 32 attended for weekly treatment, 23 for occlusion, and 34 for observation. 13 cases were discharged. These figures can only be approximate as some cases commence as occlusion cases, later attend for observation and may also attend for treatment in the same year.

Attendance was fairly good throughout the year—deteriorating at school holiday times and festive occasions.

The arrangements as regard premises are unsatisfactory in so far as it is necessary to move all or most of the orthoptic apparatus from one room to another both morning and lunch time, but this is offset by the advantage of being in attendance at the same time as Mr. Parker, the Ophthalmic Surgeon, who is at all times most helpful regarding patients, and Miss Hall, who provides a vital link with the rest of the School Health Service."

NOSE AND THROAT DEFECTS

EAR DISEASE AND DEFECTIVE HEARING

The Consultant Aural Surgeon held 18 sessions during the year. 227 children, who had been referred because of ear diseases, defective hearing, enlarged tonsils and adenoids and/or other naso-pharyngeal defects were examined, of whom 176 were recommended for operative treatment.

AUDIOMETRIC TESTS

534 children were tested by the gramophone audiometer during the year. Owing to the shortage of nursing staff it was not possible to carry out tests on a large scale, as had been intended.

DEAF CHILDREN—SPECIAL SCHOOL

Nine deaf and two partially deaf children attend Middlesbrough School for the Deaf, and one deaf child is at a Residential School for the Deaf.

One deaf child and one partially deaf child are awaiting admission to a special school.

ORTHOPAEDIC AND POSTURAL DEFECTS

Children needing treatment are referred, through their own doctor, to the Orthopaedic Department at Stockton and Thornaby Hospital or to other hospitals. Two children received treatment as in-patients of hospitals and five children were treated in the Thornaby School Clinic premises, where there is an out-patient department for children discharged from the Adela Shaw Orthopaedic Hospital, Kirbymoorside.

HOME TUITION

At the end of the year, nine physically handicapped children were receiving home tuition. One other child who had received home tuition during the year improved considerably in health and was able to return to ordinary school; another child who had always had home tuition was admitted to a Grammar School.

HEART DISEASE

One child, who was admitted to hospital in 1951, but whose operation was postponed until 1952, was re-admitted for operation and has now returned to school, greatly improved.

One child, who was successfully operated upon in 1951, unfortunately contracted meningitis in 1952, and died.

EPILEPSY

One child suffering from epilepsy is in a Residential Special School, and two are at home, awaiting admission to such a school, one of the latter having been sent home from a Residential School because of violent behaviour.

CHILD GUIDANCE CLINIC

Five children attended the Darlington Child Guidance Clinic during the year.

Dr. D. J. Salfield, who was appointed in October, 1952, has now undertaken treatment of Stockton children requiring psychiatric treatment. He holds weekly sessions, and has seven children attending at the present time for treatment.

Miss M. F. Wylie, who was appointed Educational Psychologist on the 1st January, 1952, reports as follows:—

" The function of the service is to study handicapped, backward and difficult children, to give advice to parents and teachers as to proper methods of arrangement, education and training, and in suitable cases to provide special educational treatment for such children.

The Psychiatrist gives a medical examination when necessary, and psychotherapeutic treatment to child and parent suffering from deep emotional disorders.

The Psychologist is primarily concerned with the diagnosis and remedial treatment of learning disability, and also with the mental and educational testing of backward and problem children, in addition to personality study.

ASCERTAINMENT OF MENTALLY HANDICAPPED PUPILS

Before the Psyhcologist arrived the School Medical Officer had obtained a list of names of children who gave indication of sub-normality (mental handicap). The Psychologist proceeded to test the intelligence of these children, with the following results:—

TABLE I

Intelligence Quotient—

30-49		50-69		70-85		85+		
Boys	**Girls**	**Boys**	**Girls**	**Boys**	**Girls**	**Boys**	**Girls**	**Total**
11	8	38	48	66	38	22	8	239

Age Range—

3-7	8-11	12-14	15+	
94	92	50	3	239

Nineteen of these children were apparently ineducable. 86 were subnormal. 104 were dull and backward. 30, though of average intelligence, were of low average, bordering on the dull and backward category. Some had physical disability, and long absence from school, while others showed emotional disorder. The Psychologist proceeded to apply educational therapy to a group of these children of average intelligence, while the names of the others wer placed on a waiting list.

EDUCATIONALLY RETARDED CHILDREN

In June, 1952, the Head Teachers were asked to submit the names of all children who were, in their opinion, at least two years behind in their school work. The Head Teachers of Infant Schools were asked to submit the names of all who were unable to proceed to the Junior School for reasons of poor attainment, or if promoted according to age were unlikely to make progress.

TABLE II

	Boys	**Girls**	**Total**
Primary Junior and Senior Schools	177	186	363
Primary Infant Schools	39	19	58
	216	205	421

These children are gradually being tested by the Psychologist so that their intelligence may be ascertained, and the cause of their backwardness studied.

All children appearing in Table I who are attending school are included in these numbers.

In November, 1952, the Head Teachers were asked to state whether or not they had backward classes, and if they had to state also the number on the roll.

It was thus ascertained that eight schools in Stockton have backward classes in which are accommodated the subnormal, the dull and backward, and the educationally retarded pupils. 377 children are taught in these classes.

VISITS TO SCHOOLS

During the year visits to each school were paid by the Educational Psychologist. The aim and purpose of the service was explained to the Head Teachers. In this way the interest and co-operation of the schools was assured. These contacts were followed by invitations to the Psychologist to address the Head Teachers' Association, the Roman Catholic Teachers' Association and the Association of the Heads of Infant Schools.

PSYCHIATRIST

Dr. Salfield paid his first visit to the Clinic on 21st October, 1952. He attends one afternoon per week. His help in discussing cases, examining children whose maladjustment may have a physical cause, treating parents and children, and suggesting psychological treatment, is invaluable.

SPEECH THERAPY

The following is a report by the Speech Therapist on the work of the Speech Clinic during the year:—

	Stammer	**Defective Articulation**	**Hard of Hearing**
Total number on register, 31/12/51 ...	100	157	7
Admissions	37	149	—
	137	306	7
Discharges	32	65	3
	105	241	4
Attendance % during the year	86%	89%	73%

Above is a statement in numbers of children who have been in attendance at the Speech Clinic, January to December, 1952. An analysis of the numbers shows that of the 32 cases of stammer that have been discharged 23 have left having attained normal speech, 7 of these are from Infant Departments; 4 reached school leaving age still having periods of stammer, 1 of them left the area, the other 3 have been admitted to Evening Class and are making steady progress towards complete recovery; 4 children left the area; 1 has been transferred to one of the new County Clinics; leaving 105 stammerers still in attendance, January of 1953.

Among the stammerers discharged was a child of under 3 years of age, he was first admitted to the clinic at 1 year, 10 months. He had been stammering for only a fortnight when we were asked by one of the local doctors if he could be admitted for treatment. Although so very young when admitted, he was a cheerful little soul, a grand mixer and totally unaware of his very marked stammer. He came to the play groups on 9 occasions over a period of 10 months, during this time through home guidance the stammer completely disappeared. He must be one of the youngest children ever to be admitted to a speech clinic for treatment for stammer.

Of the 65 cases of defective articulation discharged, 53 have attained normal speech; 6 have been transferred to County Clinics; 1 left with speech that is considered normal within mental ability; 1 with mental ability so low that it was found impossible to help him; 2 left the district; 1 transferred to a private school and treatment was discontinued; 1 temporarily suspended, in this last case the speech difficulty came about because at the time when the child's language was developing the mother, a German girl, was just learning to speak English. This child is now speaking quite intelligibly, but not correctly, treatment has been deferred until she commences school, because it is more than likely that contact with English children will bring about an effortless adjustment.

Three hard of hearing children reached school leaving age; further treatment was not thought necessary since all were lip-reading quite easily.

DENTAL INSPECTION AND TREATMENT

The table shown below gives details of dental inspection and treatment during 1952:—

Number of pupils inspected—		
(a) Periodic age groups	9,058	
(b) Specials	847	
		9,905
Number found to require treatment		5,361
Number referred for treatment		5,361
Number actually treated		3,291
Attendances made by pupils for treatment		3,555
Half-days devoted to—		
Inspection	119	
Treatment	653	
		772
Fillings—		
Permanent teeth	1,808	
Temporary teeth	133	
		1,941
Number of teeth filled—		
Permanent teeth	1,608	
Temporary teeth	125	
		1,733
Extractions—		
Permanent teeth	568	
Temporary teeth	2,391	
		2,959
Administration of general anaesthetics for extraction ...		969

Other operations—

Permanent teeth	494	
Temporary teeth	110	
		604

CLEANLINESS INSPECTIONS

The number of inspections carried out during the year totalled 36,557, a smaller number than in 1952, owing to the fact that the School Nurses were taking turns in helping at immunisation sessions and also at routine medical inspection.

The number of individual children found to be unclean was 1,056.

DAY OPEN AIR SCHOOL FOR DELICATE CHILDREN

The school has accommodation for 140 children, and at the end of the year 139 places were filled.

Regular fortnightly visits by the Assistant School Medical Officer for the examination of the children were recommenced in March, 1952, also the periodical re-examination of children discharged from the school.

The types of cases most usually admitted are debility, malnutrition, anaemia, bronchitis, asthma, rheumatism, chorea, suitable heart cases, cases of non-infective tuberculosis and convalescence after illnesses and operations.

During 1952, 102 children were admitted to the school, the various ailments for which they were admitted being as set out below:—

Malnutrition	27
General debility	23
Bronchitis	18
Convalescence	12
Asthma	6
Heart cases	5
Nervousness	4
Tuberculosis contacts	3
Non-infective tuberculosis	1
Anaemia	2
Rheumatism	1
Total	102

IMMUNISATION AGAINST DIPHTHERIA

During the year, parents of children attending some of the Infant Departments were sent leaflets stressing the importance of having their children immunised against diphtheria, if not already done, or of having a reinforcing injection if immunised in infancy. Facilities were offered for the children to be immunised at the School Clinic, and approximately 50% of the parents notified their readiness to take advantage of the arrangements made.

224 children were immunised and 331 children were given a reinforcing injection.

HENRY J. PETERS,
Borough School Medical Officer.